



Implementing a Pilot Program to Promote Smoking Cessation During and After Pregnancy

Public Health Problem

In 1994, nearly 18% of Washington State women smoked during pregnancy, and approximately 70% of these women were covered by Medicaid. The smoking rate of women increased to nearly 25% of women after pregnancy.

Evidence That Prevention Works

Research indicates that smoking during pregnancy contributes to adverse birth outcomes, such as spontaneous abortion, stillbirth, fetal death, low birth weight, premature birth, and intrauterine growth retardation. Women who do not smoke or quit smoking have better reproductive health outcomes, and children of nonsmokers and former smokers have fewer health problems than those exposed to tobacco smoke.

Program Example

The state of Washington created the First Steps program to provide Medicaid-covered health and social services—such as substance abuse education and child birth education—to low-income pregnant women. The Department of Social and Health Services Medical Assistance Administration and the Department of Health Maternal and Child Health Program jointly managed the state program. Data from the Pregnancy Risk Assessment Monitoring System (PRAMS) were used as a catalyst for developing a statewide First Steps tobacco cessation pilot project. Washington used PRAMS county smoking rates for pregnant Medicaid women to determine which First Steps agencies should participate. The project enhanced the interventions offered by First Steps providers and supported smoking cessation during and after pregnancy in an effort to reduce low birth weight rates and infants' exposure to environmental tobacco smoke.

Implications

PRAMS data were used to guide program planning. Outcome data are being used to develop recommendations for a statewide training program. This program demonstrates the importance of PRAMS data in evaluating changes in smoking cessation rates during pregnancy.

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